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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

B 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name		
Write the name that is on	Nancy	
your government-issued picture identification (for	First name	First name
example, your driver's	G.	
	Middle name	Middle name
Bring your picture	Acosta	
meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years	•	
Include your married or maiden names.		
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9426	
	Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	About Debtor 1:  Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Acosta  Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number

1/11/16 10:11AM Page 2 of 51 Document Case number (if known) Debtor 1 Nancy G. Acosta About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Business name(s) Include trade names and Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 1013 31st St. Zion, IL 60099 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Lake County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. 444 Oakwood Ave. Waukegan, IL 60085 Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this

- petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

- have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being ☐ Yes. filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District Do you rent your ☐ No. Go to line 12. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Nancy G. Acosta

		Document	Page 4 of 51	1/11/16 10:11Al
Debtor 1	Nancy G. Acosta		Case number (if known)	

Par	Report About Any Bu	sinesses `	You Own	as a Sole Propriet	or		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	and location of bus	iness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	e & ZIP Code		
	it to this petition.		Check	k the appropriate bo	x to describe your business:		
				Health Care Busin	less (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))		
			r (as defined in 11 U.S.C. § 101(6))				
				None of the above			
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?		deadlines	s. If you in s, cash-fl .C. 1116(	dicate that you are a ow statement, and f 1)(B).	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure		
	For a definition of small	■ No.	I am r	not filing under Chap	ter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Pari	4: Report if You Own or	Have Anv	Hazardo	ous Property or Any	y Property That Needs Immediate Attention		
	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.		the hazard?			
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?			
For example, do you own perishable goods, or livestock that must be fecor a building that needs urgent repairs?			Where is	s the property?			
					Number, Street, City, State & Zip Code		

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Debtor 1 Nancy G. Acosta

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes

mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

**Disability.** My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

☐ Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known)

16.	What kind of debts do	16a.	6a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
	you have?		<ul><li>□ No. Go to line 16b.</li></ul>	onal, family, or nousehold purpose."				
			_					
		16b.	Yes. Go to line 17.	uninees debte? Duninees debte are debte	that you incurred to obtain			
		160.		usiness debts? Business debts are debts strengther or through the operation of the bus				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you o	we that are not consumer debts or busines	ss debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will		■ No					
	be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	□ 50-99		5001-10,000	☐ 50,001-100,000			
		☐ 100-19		☐ 10,001-25,000	☐ More than100,000			
19.	How much do you estimate your assets to	■ \$0 - \$50,000 □ \$50,001 - \$100,000		☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion			
	be worth?		01 - \$100,000 001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500,001 - \$1 million		☐ \$100,000,001 - \$500 million	☐ More than \$50 billion			
20.	How much do you	<b>=</b> \$0 - \$9	50,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		01 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion			
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
Par	: 7: Sign Below							
For	you	I have exa	amined this petition, and I dec	clare under penalty of perjury that the inform	mation provided is true and correct.			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.						
			y G. Acosta 6. Acosta	Signature of Debtor	12			
			of Debtor 1	- <b>3</b>				
		Executed		Executed on				
			MM / DD / YYYY	MM	/ DD / YYYY			

Debtor 1 Nancy G. Acosta

Debtor 1 Nancy G. Acosta Document Page 7 of 51 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David M. Siegel	Date	January 11, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
David M. Siegel Printed name		
David M. Siegel & Associates Firm name		
790 Chaddick Drive Wheeling, IL 60090		
Number, Street, City, State & ZIP Code		
Contact phone (847) 520-8100	Email address	
#06207611		
Bar number & State		

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ation to identify your	case:			
Nancy G. Acosta				
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
			☐ Check if this is amended filing	
	Nancy G. Acosta First Name First Name	First Name Middle Name  First Name Middle Name	Nancy G. Acosta  First Name Middle Name Last Name  First Name Middle Name Last Name	Nancy G. Acosta  First Name Middle Name Last Name  First Name Middle Name Last Name  kruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

# Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

-			
Par	1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,615.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	4,615.00
Par	2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	7,014.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	5,172.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	11,675.00
	Your total liabilities	\$	23,861.00
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,778.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,778.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other so	chedules.
7.	Yes What kind of debt do you have?		
	Vous debte are primarily concurred debte. Consumer debte are those "incurred by an individual primarily for	a naraanal	l family or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Page 9 of 51 Case number (if known) Debtor 1 Nancy G. Acosta

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 2,778.00 \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$	5,172.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	5,172.00

Desc Main Case 16-00681 Doc 1 Filed 01/11/16 Entered 01/11/16 10:30:05 1/11/16 10:11AM Document Page 10 of 51 Fill in this information to identify your case and this filing: Debtor 1 Nancy G. Acosta Middle Name First Name Last Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Ford Make: Who has an interest in the property? Check one. the amount of any secured claims on Schedule D: **Fusion** Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 2009 Debtor 2 only Current value of the Current value of the 180.000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Covest Bank/NAC \$2,200.00 \$2,200.00 Secured Lien \$7,014.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

\$2,200.00

Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B

Debtor 1	Nancy G. A	Document Page 11 of 51 Case number (if known)	1/11/16 10:11A
Debtor 1	INALICY G. A	Costa Case Humber (II known)	
Yes.	Describe		****
		Household goods and Furniture	\$300.0
Electron Example	s: Televisions	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music cell phones, cameras, media players, games	ollections; electronic device
	Describe		
_ 100.	Decombe	TV & Electronics	\$300.0
Example  ■ No		d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin tions, memorabilia, collectibles	, or baseball card collections
Example  ■ No	ent for sports es: Sports, pho musical ins Describe	tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No		es, shotguns, ammunition, and related equipment	
□ No		Clothes, furs, leather coats, designer wear, shoes, accessories  Normal Apparel	\$600.0
■ No		ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g	old, silver
Examp ■ No	m animals les: Dogs, cats	s, birds, horses	
■ No	er personal a	nd household items you did not already list, including any health aids you did not list	
		e of all of your entries from Part 3, including any entries for pages you have attached t number here	\$1,200.00
art 4: Des	cribe Your Fina	ncial Assets	
o you ow	n or have any	legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No		I have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	on
	m 106A/B	Schedule A/B: Property	page

Case 16-00681 Doc 1 Filed 01/11/16 Entered 01/11/16 10:30:05 Desc Main Document Page 12 of 51 Case number (if known) Debtor 1 Nancy G. Acosta 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Harris Bank** \$15.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: **ERISA Qualified** \$500.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☐ No Institution name or individual: Yes. ..... Rental deposit **Security Deposit** \$700.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No ☐ Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☐ Yes. Give specific information about them...

Case 16-00681 Doc 1 Filed 01/11/16 Entered 01/11/16 10:30:05 Desc Main Document Page 13 of 51 Case number (if known) Debtor 1 Nancy G. Acosta 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,215.00 for Part 4. Write that number here......

37. Do you own or have any legal or equitable interest in any business-related property?

Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

No. Go to Part 6.

☐ Yes. Go to line 38.

Debtor	Case 16-00681  Nancy G. Acosta	Doc 1	Filed 01/11/16 Document	Entered 01/11/16 10:30:05 Page 14 of 51 Case number (if known)	Desc Main	1/11/16 10:11/
	Describe Any Farm- and Commo			or Have an Interest In.		
46. <b>Do</b> v	you own or have any legal o	r equitable in	sterest in any farm- or	commercial fishing-related property?		
	No. Go to Part 7.	r equitable in	iterest in any farin- or	commercial fishing-related property:		
	Yes. Go to line 47.					
ш,	Yes. Go to line 47.					
					Current value portion you Do not dedu claims or exception.	own?
Part 7:	Describe All Property You Own	or Have an Inte	rest in That You Did Not L	ist Above		
	you have other property of a amples: Season tickets, counti					
■ No	•	ry oldb illollib	Oronip			
	es. Give specific information					
	cs. Give specific information					
54. <b>A</b> d	ld the dollar value of all of y	our entries fr	om Part 7. Write that r	number here		\$0.00
Part 8:	List the Totals of Each Part of th	nis Form				
55. <b>Pa</b>	art 1: Total real estate, line 2					\$0.00
56. <b>Pa</b>	rt 2: Total vehicles, line 5			\$2,200.00		<u> </u>
57. <b>Pa</b>	rt 3: Total personal and hou	sehold items	s, line 15	\$1,200.00		
58. <b>Pa</b>	ırt 4: Total financial assets, l	line 36		\$1,215.00		
59. <b>Pa</b>	rt 5: Total business-related	property, line	± 45	\$0.00		
60 <b>P</b> a	art 6: Total farm- and fishing	-related nron	erty line 52	\$0.00		
	art 7: Total other property no		<u> </u>	\$0.00 \$0.00		

\$4,615.00

63. **Total of all property on Schedule A/B**. Add line 55 + line 62

62. Total personal property. Add lines 56 through 61...

\$4,615.00

\$4,615.00

Copy personal property total

		Docume	HIL Paue 15 01 51	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Nancy G. Acosta			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exemp
--

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	e exemption you claim e box for each exemption.	Specific laws that allow exemption
2009 Ford Fusion 180,000 miles Covest Bank/NAC Secured Lien \$7,014.00 Line from <i>Schedule A/B</i> : 3.1	\$2,200.00	\$2,400.00  If fair market value, up to blicable statutory limit	735 ILCS 5/12-1001(c)
Household goods and Furniture Line from Schedule A/B: 6.1	\$300.00	\$300.00 If fair market value, up to olicable statutory limit	735 ILCS 5/12-1001(b)
TV & Electronics Line from Schedule A/B: 7.1	\$300.00	\$300.00 If fair market value, up to olicable statutory limit	735 ILCS 5/12-1001(b)
Normal Apparel Line from Schedule A/B: 11.1	\$600.00	\$600.00  If fair market value, up to solicable statutory limit	735 ILCS 5/12-1001(a)
Checking: Harris Bank Line from Schedule A/B: 17.1	\$15.00	\$15.00 If fair market value, up to olicable statutory limit	735 ILCS 5/12-1001(b)

Case 16-00681 Doc 1 Filed 01/11/16 Entered 01/11/16 10:30:05 Desc Main 1/11/16 10:11AM Document Page 16 of 51 Debtor 1 Nancy G. Acosta Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Schedule A/B Check only one box for each exemption. **ERISA Qualified** 735 ILCS 5/12-1006 \$500.00 \$500.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Rental deposit: Security Deposit 735 ILCS 5/12-1001(b) \$700.00 \$700.00 Line from Schedule A/B: 22.1 100% of fair market value, up to any applicable statutory limit (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes

Case 16-00681	Doc 1 Filed 01/11/16 Document	Entered Page 17	01/11/16 10:3	80:05 Desc I	Main 1/11/16 10:11AN
Fill in this information to identify yo		r uuc ±r v	31 O I		
Debtor 1 Nancy G. Acos	ta				
First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the	NORTHERN DISTRICT OF IL	LINOIS			
Case number					k if this is an nded filing
Official Form 106D					
Schedule D: Creditors	s Who Have Claims	Secured	by Property	/	12/15
Be as complete and accurate as possible. needed, copy the Additional Page, fill it ou known).					
. Do any creditors have claims secured by	y your property?				
☐ No. Check this box and submit	this form to the court with your other	er schedules. You	u have nothing else t	o report on this form	•
Yes. Fill in all of the information	n below.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has a each claim. If more than one creditor has a as possible, list the claims in alphabetical or	particular claim, list the other creditors in		Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Nationwide Acceptance	Describe the property that secures	the claim:	\$7,014.00	\$2,200.00	\$4,814.00
Creditor's Name	2009 Ford Fusion 180,000 r Covest Bank/NAC Secured Lien \$7,014.00	niles			
3435 N. Cicero Ave Chicago, IL 60641	As of the date you file, the claim is: apply.  Contingent	Check all that			
Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as car loan)	mortgage or secure	ed		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)				
10/13 -					
Date debt was incurred 12/15	Last 4 digits of account num	ber			
Add the dollar value of your entries in C If this is the last page of your form, add Write that number here:	· -	ber here:	\$7,016 \$7,016		
Part 2: List Others to Be Notified f	or a Debt That You Already Listed	d			
Use this page only if you have others to b to collect from you for a debt you owe to creditor for any of the debts that you liste do not fill out or submit this page.	someone else, list the creditor in Part	1, and then list the	collection agency her	e. Similarly, if you hav	e more than one

Name Address

-NONE-

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number

Desc Main Case 16-00681 Doc 1 Filed 01/11/16 Entered 01/11/16 10:30:05 Document Page 18 of 51 Fill in this information to identify your case: Debtor 1 Nancy G. Acosta Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse if, filina) Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount 2.1 0.00 \$ \$0.00 Abran Carlin 0.00 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? North Chicago, IL Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed ☐ At least one of the debtors and another Type of PRIORITY unsecured claim: ☐ Check if this claim is for a community debt Is the claim subject to offset? Domestic support obligations ■ No ☐ Taxes and certain other debts you owe the government ☐ Yes

☐ Claims for death or personal injury while you were intoxicated

**Backed Child Support** 

Other. Specify

Page 19 of 51 Case number (if know) Document Debtor 1 Nancy G. Acosta

Illinois Child Suppo Priority Creditor's Name	Last 4 digits of account number \$ 5,172.00	<b>,</b> \$	0.00 \$	\$5,17
Mail Drop: 509-4-42 509 S 6th St. Springfield, IL 62701	When was the debt incurred? 1/13 - 12/15	_		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 only				
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
$\square$ At least one of the debtors and another				
☐ Check if this claim is for a community debt	Type of PRIORITY unsecured claim:			
Is the claim subject to offset?	■ Domestic support obligations			
■ No	☐ Taxes and certain other debts you owe the government			
☐ Yes	☐ Claims for death or personal injury while you were intoxicated			
	☐ Other. Specify			
	Child Support			
List All of Your NONPRIORITY Uns	ecured Claims			
Yes.  ist all of your nonpriority unsecured claims necured claim, list the creditor separately for a	in the alphabetical order of the creditor who holds each claim. If a credeach claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured	claims already	included in P	art 1. If r
Yes.  ist all of your nonpriority unsecured claims necured claim, list the creditor separately for a	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list	claims already	included in P	art 1. If n ion Page
Yes.  ist all of your nonpriority unsecured claims nsecured claim, list the creditor separately for than one creditor holds a particular claim, list the	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list	claims already	included in P he Continuat	Part 1. If n ion Page im
Yes.  ist all of your nonpriority unsecured claims nescured claim, list the creditor separately for an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake  Nonpriority Creditor's Name  4309 Medical Center Dr.	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
Yes.  ist all of your nonpriority unsecured claims rescured claim, list the creditor separately for an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake  Nonpriority Creditor's Name  4309 Medical Center Dr.  Suite A201  Mchenry, IL 60050	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
ist all of your nonpriority unsecured claims necured claim, list the creditor separately for an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake Nonpriority Creditor's Name 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050 Number Street City State Zlp Code	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
Yes.  ist all of your nonpriority unsecured claims insecured claim, list the creditor separately for item one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake Nonpriority Creditor's Name 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050 Number Street City State Zlp Code	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15  As of the date you file, the claim is: Check all that apply	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
ist all of your nonpriority unsecured claims necured claim, list the creditor separately for an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake Nonpriority Creditor's Name 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15  As of the date you file, the claim is: Check all that apply	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
ist all of your nonpriority unsecured claims in secured claim, list the creditor separately for it in one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake Nonpriority Creditor's Name 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15  As of the date you file, the claim is: Check all that apply  Contingent	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
ist all of your nonpriority unsecured claims necured claim, list the creditor separately for an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake Nonpriority Creditor's Name 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
ist all of your nonpriority unsecured claims necured claim, list the creditor separately for an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake Nonpriority Creditor's Name 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050 Number Street City State Zlp Code Who incurred the debt? Check one.	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
ist all of your nonpriority unsecured claims necured claim, list the creditor separately for an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake Nonpriority Creditor's Name 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050 Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed Type of NONPRIORITY unsecured claim:	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
ist all of your nonpriority unsecured claims necured claim, list the creditor separately for an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake Nonpriority Creditor's Name 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
ist all of your nonpriority unsecured claims rescured claim, list the creditor separately for an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake Nonpriority Creditor's Name 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that not report as priority claims	claims already	included in P he Continuat <b>Total clai</b>	Part 1. If n ion Page im
ist all of your nonpriority unsecured claims in secured claim, list the creditor separately for on an one creditor holds a particular claim, list the art 2.  Anesthesia Assoc. of Crystal Lake  Nonpriority Creditor's Name  4309 Medical Center Dr.  Suite A201  Mchenry, IL 60050  Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?	in the alphabetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is. Do not list e other creditors in Part 3.If you have more than three nonpriority unsecured  Last 4 digits of account number  When was the debt incurred?  5/15 - 12/15  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	claims already	included in P he Continuat <b>Total clai</b>	art 1. If milion Page

Official Form 106 E/F

As of the date you file, the claim is: Check all that apply

Number Street City State Zlp Code

Document

Page 20 of 51 Case number (if know)

Debto	or 1 Nancy G. Acosta		Case number (if know)	
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only	- Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt			
	Is the claim subject to offset?	Obligations arising out of a sepanot report as priority claims	aration agreement or divorce that you did	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Ticke	ts	
4.3	Comcast	Last 4 digits of account number		\$ 155.00
	Nonpriority Creditor's Name PO Box 3002	When was the debt incurred?	6/15 - 12/15	
	Southeastern, PA 19398-3002			
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only			
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a sepanot report as priority claims	aration agreement or divorce that you did	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify	ctions	
4.4	Commonwealth Edison	Last 4 digits of account number		\$ 710.00
	Nonpriority Creditor's Name  Bankruptcy Department 2100 Swift Drive	When was the debt incurred?	8/14 - 12/15	
	Oak Brook, IL 60523-1559  Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	•	_		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	1 claim·	
	At least one of the debtors and another		d Claim.	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a sepanot report as priority claims	aration agreement or divorce that you did	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify	ctions	
4.5	CTCA Midwestern	Last 4 digits of account number		\$ 3,490.00
	Nonpriority Creditor's Name 2520 Elisha Avenue 7ion II 60099	When was the debt incurred?	4/15 - 12/15	

Case 16-00681 Doc 1 Filed 01/11/16 Entered 01/11/16 10:30:05 Desc Main Document Page 21 of 51 Case number (if know) Debtor 1 Nancy G. Acosta Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset?  $\square$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collections Other. Specify 4.6 **CTCA Patient Accounts** 410.00 Last 4 digits of account number Nonpriority Creditor's Name 1616 23rd St. When was the debt incurred? 4/15 - 12/15 Zion, IL 60099 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collections Other. Specify 4.7 **CTCA Patient Accounts** 77.00 Last 4 digits of account number \$ Nonpriority Creditor's Name 1616 23rd St. When was the debt incurred? 4/15 - 12/15 Zion, IL 60099 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collections Other. Specify

4.8 Gastroenterology Internal ME

Nonpriority Creditor's Name 22285 N Pepper Rd

Lake Barrington, IL 60010

Last 4 digits of account number

When was the debt incurred?

5/5 - 12/15

180.00

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Part 3: List Others to Be Notified About a Debt That You Already Listed

■ No

☐ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Collections

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Desc Main

Debtor 1 Nancy G. Acosta

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Case number (if know)

1/11/16 10:11AM

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part2 did you list the original creditor? A/R Concepts, Inc. Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2320 Dean Street ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 202 Saint Charles, IL 60175-1068 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? ARC Line **4.4** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2915 Professional Parkway ■ Part 2: Creditors with Nonpriority Unsecured Claims Augusta, GA 30907-3540 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Armor Systems Corporation** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1700 Kiefer Drive ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 1 Zion, IL 60099 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Arnold Scott Harris** Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 W. Jackson, #600 ■ Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60604 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? CCSI Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 10428 ■ Part 2: Creditors with Nonpriority Unsecured Claims Merrillville, IN 46411 Last 4 digits of account number On which entry in Part 1 or Part2 did you list the original creditor? Name and Address Comcast Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Bankruptcy Department** ■ Part 2: Creditors with Nonpriority Unsecured Claims 11621 E. Marginal Way 5 Tukwila, WA 98168-1965 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Commonwealth Edison** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Bankruptcy Department** ■ Part 2: Creditors with Nonpriority Unsecured Claims 3 Lincoln Center Oak Brook Terrace, IL 60181-4204 Last 4 digits of account number On which entry in Part 1 or Part2 did you list the original creditor? Name and Address Commonwealth Edison Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 6111 Part 2: Creditors with Nonpriority Unsecured Claims Carol Stream, IL 60197-6111 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? Merchants & Medical Credit Corp. Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 6324 Taylor Dr. ■ Part 2: Creditors with Nonpriority Unsecured Claims Flint, MI 48507 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? OAC Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **PO Box 500** ■ Part 2: Creditors with Nonpriority Unsecured Claims Baraboo, WI 53913-0500

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Debtor 1 Nancy G. Acosta

Last 4 digits of account number

Name and Address
Rent Recover, LLC
220 Gerry Drive
Wood Dale, IL 60191

Last 4 digits of account number

Page 24 01 51
Case number (if know)

Last 4 digits of account number

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.9 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Page 24 01 51
Case number (if know)

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total cla	nim
	6a.	Domestic support obligations	6a.	\$	5,172.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	5,172.00
				<b>Total Claim</b>	
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	11,675.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$	11,675.00

Page 25 of 51 Document Fill in this information to identify your case: Debtor 1 Nancy G. Acosta Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Michael Moore
39475 Geneva Lane
Zion, IL 60099

State what the contract or lease is for
Term of Lease: Monthly

	200 10 00001	Docume	ent Page 26 of	51	1/11/16 10:11AN
Fill in this info	ormation to identify your	case:			
Debtor 1	Nancy G. Acosta				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Fo	orm 106H				
	e H: Your Code	ehtors			12/15
people are filin fill it out, and n your name and	g together, both are equ	ally responsible for sup boxes on the left. Attac . Answer every question	plying correct information the Additional Page to i.	on. If more space is nee this page. On the top o	as possible. If two married ded, copy the Additional Page, of any Additional Pages, write
_	()	,	эт на		
□ No ■ Yes					
- res					
	he last 8 years, have you alifornia, Idaho, Louisiana,				tates and territories include
■ No. Go t	to line 3.				
☐ Yes. Did	d your spouse, former spou	use, or legal equivalent liv	e with you at the time?		
in line 2 ag	gain as a codebtor only i O), Schedule E/F (Official	f that person is a guarar	ntor or cosigner. Make si	ure you have listed the	vith you. List the person show creditor on Schedule D (Officia chedule E/F, or Schedule G to
	mn 1: Your codebtor Number, Street, City, State and Zli	P Code		Column 2: The credit Check all schedules the	or to whom you owe the debt hat apply:
3.1 <b>Ram</b>					

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	in this information to				
De	btor 1	Nancy G. Ac	costa		_
	btor 2 buse, if filing)				_
Un	ited States Bankrupt	tcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS	_
1	se number			_	Check if this is:
(If k	nown)				☐ An amended filing
					A supplement showing postpetition chapter 13 income as of the following date:
0	fficial Form	106I			MM / DD/ YYYY
S	chedule I: `	Your Inc	ome		12/15
sup spc	plying correct info	rmation. If ່you arated and yoເ	are married and not fili Ir spouse is not filing w	ing jointly, and your spouse ith you, do not include info	tor 1 and Debtor 2), both are equally responsible for is living with you, include information about your mation about your spouse. If more space is needed, e and case number (if known). Answer every question
sup spc atta	plying correct info use. If you are sep ch a separate shee	rmation. If ່you arated and yoເ	are married and not fili Ir spouse is not filing w	ing jointly, and your spouse ith you, do not include info	is living with you, include information about your mation about your spouse. If more space is needed,
sup spc atta	plying correct info use. If you are sep ch a separate shee	rmation. If you arated and you et to this form. Employment	are married and not fili Ir spouse is not filing w	ing jointly, and your spouse ith you, do not include info	is living with you, include information about your mation about your spouse. If more space is needed,
sup spo atta	plying correct info	rmation. If you arated and you at to this form. Employment byment than one job,	are married and not fili ir spouse is not filing w On the top of any addit	ing jointly, and your spouse rith you, do not include info ional pages, write your nam	is living with you, include information about your mation about your spouse. If more space is needed, e and case number (if known). Answer every question
sup spo atta	plying correct inforuse. If you are separate sheet a separate sheet Fill in your emploinformation.  If you have more to attach a separate information about	rmation. If you arated and you at to this form. Employment oyment than one job, page with	are married and not fili Ir spouse is not filing w	ing jointly, and your spouse rith you, do not include info ional pages, write your nam	is living with you, include information about your mation about your spouse. If more space is needed, e and case number (if known). Answer every question  Debtor 2 or non-filing spouse
sup spo atta	plying correct inforuse. If you are separate sheet a separate sheet T1:  Describe  Fill in your emploinformation.  If you have more to attach a separate	rmation. If you arated and you at to this form. Employment oyment than one job, page with	are married and not fili ir spouse is not filing w On the top of any addit	ing jointly, and your spouse rith you, do not include info ional pages, write your nam Debtor 1  Employed	is living with you, include information about your mation about your spouse. If more space is needed, e and case number (if known). Answer every question  Debtor 2 or non-filing spouse
sup spo atta	plying correct inforuse. If you are separate sheet a separate sheet Fill in your emploinformation.  If you have more to attach a separate information about	rmation. If you arated and you at to this form.  Employment byment than one job, page with additional seasonal, or	are married and not fili ir spouse is not filing w On the top of any addit	Debtor 1  Employed  Not employed	is living with you, include information about your mation about your spouse. If more space is needed, e and case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed  Not employed
sup spo atta	plying correct inforuse. If you are separate sheet I: Describe  Fill in your emploinformation.  If you have more to attach a separate information about employers.  Include part-time,	rmation. If you arated and you arated and you at to this form. Employment opment than one job, page with additional seasonal, or rk.	are married and not filing won the top of any addit  Employment status  Occupation	Debtor 1  Employed  Not employed  Caregiver	is living with you, include information about your mation about your spouse. If more space is needed, e and case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed  Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

		For Debtor 1		Debtor 2 or -filing spouse
2.	\$	0.00	\$	0.00
3.	+\$	0.00	+\$	0.00
4.	\$	0.00	\$	0.00

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Deb	tor 1	Nancy G. Acosta	_	Case	number (if known)				
				Foi	r Debtor 1		Debtor :		
	Сор	y line 4 here	4.	\$	0.00	\$		0.00	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		0.00	ı
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$_		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$_		0.00	_
	5e.	Insurance	5e.	\$	0.00	\$		0.00	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00	_
	5g.	Union dues	5g.	\$	0.00	\$_		0.00	_
	5h.	Other deductions. Specify:	5h.+	+ \$	0.00	+ \$		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	0.00	\$		0.00	_
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$		0.00	_
8.	8b. 8c. 8d. 8e.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8a. 8b. <b>t</b> 8c. 8d. 8e.	\$_ \$_ \$_	2,598.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00 0.00 0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Link Card	e 8f.	\$_ \$_	0.00	\$		180.00	_
	8g.	Pension or retirement income	8g. 8h.⊣	- ֆ_ ⊦ \$	0.00	\$_ -\$		0.00	_
	8h.	Other monthly income. Specify:		- Ф_	0.00	- Ф		0.00	=
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,598.00	\$		180.0	0
10	Calc	culate monthly income. Add line 7 + line 9.	10. \$		2,598.00 + \$		180.00	= \$	2,778.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.  Ψ		<u>-2,398.00</u> + Ψ_		100.00	- Ψ -	2,776.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Scheduloude contributions from an unmarried partner, members of your household, you are friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	r depei		•				0.00
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certalies					e. 12.	\$	2,778.00
13.	Do	you expect an increase or decrease within the year after you file this form	1?					Combi month	ned ly income
		No.							

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Fill	in this information to identify your case:				
Deb	tor 1 Nancy G. Acosta		Che	eck if this is:	
				An amended filing	
1	ouse, if filing)				wing postpetition chapter the following date:
(Op.	5050, II IIIIIg/				
Unit	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINO	IS		MM / DD / YYYY	
Cas	e number				
(If k	nown)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this for mber (if known). Answer every question.	filing together, bo orm. On the top of	oth are ed any addi	qually responsible f tional pages, write	or supplying correct your name and case
Par	t 1: Describe Your Household				
1.	Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes
					□ No
					Yes
					□ No
					☐ Yes
					□ No □ Yes
3.	Do your expenses include ■ No				□ res
٥.	expenses of people other than				
	yourself and your dependents?				
Par					
exp	imate your expenses as of your bankruptcy filing date unless yo benses as of a date after the bankruptcy is filed. If this is a suppl blicable date.				
Inc	lude expenses paid for with non-cash government assistance if	you know			
the	value of such assistance and have included it on Schedule I: Yo			Your exp	enses
(Of	ficial Form 106I.)			Tour exp	C113C3
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4.	\$	700.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	\$	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	:	0.00
5.	<ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as hom</li> </ul>	ne equity loons	4d. 5.	·	0.00 0.00
J.	Additional mortgage payments for your residence, Such as non	io <del>o</del> quity 10aH5	5.	Ψ	<b>U.UU</b>

Debto	Nancy G. Acosta	Case num	ber (if known)	
6. <b>l</b>	Itilities:			
6	a. Electricity, heat, natural gas	6a.	\$	64.00
6	b. Water, sewer, garbage collection	6b.	\$	0.00
6	c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	164.00
6	d. Other. Specify:	6d.	\$	0.00
F	ood and housekeeping supplies		\$	500.00
	Childcare and children's education costs	8.	\$	0.00
	Clothing, laundry, and dry cleaning	9.	\$	75.00
	Personal care products and services	10.	\$	100.00
	ledical and dental expenses	11.	\$	60.00
2. 1	ransportation. Include gas, maintenance, bus or train fare.		· <del></del>	
	o not include car payments.	12.	\$	245.00
3. <b>E</b>	Intertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
ł. <b>(</b>	charitable contributions and religious donations	14.	\$	0.00
j. <b>I</b>	nsurance.			
	o not include insurance deducted from your pay or included in lines 4 or 20.			
	5a. Life insurance	15a.	·	0.00
1	5b. Health insurance	15b.	·	0.00
1	5c. Vehicle insurance	15c.	\$	150.00
1	5d. Other insurance. Specify:	15d.	\$	0.00
	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	pecify:	16.	\$	0.00
	nstallment or lease payments:		•	
	7a. Car payments for Vehicle 1	17a.	·	320.00
	7b. Car payments for Vehicle 2	17b.	·	0.00
	7c. Other. Specify:	17c.	· : ———	0.00
	7d. Other. Specify:	17d.	\$	0.00
3. <b>\</b>	our payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
	educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	\$	
	Other payments you make to support others who do not live with you.	19.	Φ	200.00
	pecify: Child Support			
	Other real property expenses not included in lines 4 or 5 of this form or on Scheo Oa. Mortgages on other property	<i>auie i: Y</i> 20a.		0.00
	0b. Real estate taxes	20a. 20b.		0.00
			· .	
	Oc. Property, homeowner's, or renter's insurance	20c.		0.00
	0d. Maintenance, repair, and upkeep expenses	20d.	· -	0.00
	0e. Homeowner's association or condominium dues	20e.	·	0.00
. (	Other: Specify: Auto Maintenance	21.	+\$	100.00
2. (	Calculate your monthly expenses			
2	2a. Add lines 4 through 21.		\$	2,778.00
2	2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	,
2	2c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,778.00
_	20. Add and 225. The result to your montally expenses.			2,770.00
	Calculate your monthly net income.			
	3a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	2,778.00
2	3b. Copy your monthly expenses from line 22c above.	23b.	-\$	2,778.00
_	On Outland was a south to a second from			
2	3c. Subtract your monthly expenses from your monthly income.	23c.	\$	0.00
	The result is your monthly net income.	230.	Ψ	0.00
F	To you expect an increase or decrease in your expenses within the year after you or example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?			or decrease because of a
	No.			
Г	7 Yes Explain here:			

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Fill in this infor	mation to identify your	case:				
Debtor 1	Nancy G. Acosta	Middle Name	Last Name			
Debtor 2	First Name	Middle Name	Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)					☐ Check if this is	
					amended filing	
Official For	m 106Dec					
Declarat	tion About a	n Individual	<b>Debtor's S</b>	Schedules		12/15
If two married p	eople are filing togethe	r, both are equally respo	nsible for supplying	correct information.		
obtaining mone		n connection with a bank			atement, concealing prope 000, or imprisonment for	
Sig	n Below					
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill o	ut bankruptcy forms?		
■ No						
☐ Yes. I	Name of person			. Attach <i>Bankruptcy Pet</i> and Signature (Official F	ition Preparer's Notice, Dec Form 119).	laration,
	alty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules	filed with this declara	tion and	
X /s/ Nar	ncy G. Acosta		X			
Nancy	G. Acosta re of Debtor 1		Signature	e of Debtor 2		

Date

Date **January 11, 2016** 

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Fill	in thi	s information to identify you	r case:											
	tor 1	Nancy G. Acosta												
		First Name	Middle Name	Last Name										
	tor 2 use if, fi	ing) First Name	Middle Name	Last Name										
Unit	ed Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS										
Cas	e num	nber												
(if kno	own)				_	Check if this is an amended filing								
						arrieriaea mirig								
Off	icia	al Form 107												
		nent of Financial <i>I</i>	Affairs for Individ	uals Filing for B	ankruptcv	12/1								
infor num	matio ber (i	nplete and accurate as possion. If more space is needed, f known). Answer every ques	attach a separate sheet to t	this form. On the top of an										
Pari				Lived Before										
1.	wnat	What is your current marital status?												
		Married												
	ЦΙ	Not married												
2.	Durir	During the last 3 years, have you lived anywhere other than where you live now?												
		No												
		Yes. List all of the places you lived in the last 3 years. Do not include where you live now.												
	Deb	tor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there								
		n the last 8 years, did you ev territories include Arizona, Ca												
		No												
		Yes. Make sure you fill out Sch	nedule H: Your Codebtors (Of	ficial Form 106H).										
Part	2	Explain the Sources of You	r Income											
4.	Did v	ou have any income from en	nplovment or from operating	g a business during this v	ear or the two previous cale	endar vears?								
	Fill in	the total amount of income yo are filing a joint case and you	u received from all jobs and a	III businesses, including par	t-time activities.	,								
		No												
	<b>—</b> ,	Yes. Fill in the details.												
			Debtor 1		Debtor 2									
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)								
From	m Jar date y	nuary 1 of current year until	■ Wages, commissions,	\$0.00	☐ Wages, commissions, bonuses, tips									

Official Form 107

bonuses, tips

☐ Operating a business

bonuses, tips

☐ Operating a business

Page 33 of 51 Case number (if known) Document Debtor 1 Nancy G. Acosta

Debtor			Debtor 1				Debtor 2	Debtor 2				
			of income that apply.		s income re deductions and sions)	Sources of in Check all that		Gross income (before deductions and exclusions)				
		■ Wages	s, commissions, tips		\$0.00	☐ Wages, conbonuses, tips						
				☐ Operat	ing a business			☐ Operating a	a business			
		ndar year be December		■ Wages	s, commissions,		\$9,885.00	☐ Wages, col bonuses, tips	mmissions,			
				☐ Operat	ing a business			☐ Operating a	a business			
5.	Include in unemploy gambling List each	ncome regard ment, and contains and lottery was source and	dless of whet other public b winnings. If you	her that inco enefit payme ou are filing a	me is taxable. Ex ents; pensions; rel a joint case and y	amples ontal incorrou have	me; interest; divide income that you re	e alimony; child su	ted from lav	vsuits; royalties; and		
	☐ Yes.	. Fill in the d	etails.									
				Debtor 1 Sources of Describe b			s income re deductions and	Debtor 2 Sources of in Describe below		Gross income (before deductions and exclusions)		
).	□ No.	Neither D individual	ebtor 1 nor l primarily for a	Debtor 2 has a personal, fa ore you filed	amily, or househo	umer de old purpos	<b>bts.</b> Consumer de se."	ebts are defined in 1		101(8) as "incurred by an		
		☐ Yes	List below paid that c not include	each credito reditor. Do no payments to	ot include payment of an attorney for t	nts for do his bank	mestic support ob ruptcy case.		child suppor	d the total amount you rt and alimony. Also, do ent.		
	■ Yes.				e primarily const for bankruptcy, d			otal of \$600 or more	e?			
		■ No.	Go to line	7.								
		□ Yes	include pay	yments for de						hat creditor. Do not ot include payments to		
	Creditor	r's Name an	d Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this	s payment for		
<ul> <li>Within 1 year before you filed for bankrupt Insiders include your relatives; any general precorporations of which you are an officer, directing one for a business you operate as a support and alimony.</li> <li>No</li> <li>Yes. List all payments to an insider</li> </ul>					tners; relatives of or, person in cont	any gen rol, or ow	ent on a debt you eral partners; part ner of 20% or mo	owed anyone wh nerships of which y re of their voting se	ou are a ge curities; and	eneral partner; d any managing agent,		
		s Name and			Dates of payme	ent	Total amount	Amount you	Reason	for this payment		
	maidel 3	o riumo anu	. 1441 633		Dates of paying		paid	still owe	Reason	.c. and payment		

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Debtor 1 Nancy G. Acosta Case number (if known) Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address** Amount you Reason for this payment Dates of payment Total amount paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No П Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. П Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No П Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total Describe what you contributed Dates vou more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

Value

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Debtor 1 Nancy G. Acosta Case number (if known) disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You 11/12/15-1/11/ David M. Siegel & Associates **Attorney Fees** \$500.00 790 Chaddick Drive 16 Wheeling, IL 60090 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** 

made

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Debtor 1 Nancy G. Acosta

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Pai	t 8: List of Certain Financial Accounts, In	struments, Safe Depos	sit Boxes, and St	orage Units	<b>i</b>					
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.									
	Yes. Fill in the details.									
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument		Date account was closed, sold, moved, or transferred	b	Last balance pefore closing or transfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?									
	■ No									
	☐ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe t	ne contents		Do you still have it?			
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy									
	■ No									
	Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it?	to it? Address (Number, Street, City,		escribe the contents		Do you still have it?			
Pai	t 9: Identify Property You Hold or Control	for Someone Fise								
	Do you hold or control any property that so for someone.		lude any propert	ty you borre	owed from, are storing	for,	or hold in trust			
	■ No □ Yes. Fill in the details.									
	Owner's Name	Where is the pro	nerty?	Describe t	ne property		Value			
	Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, Code)		Describe	ic property		Value			
Pai	tt 10: Give Details About Environmental Inf	,								
For	the purpose of Part 10, the following definit	ions apply:								
	Environmental law means any federal, state toxic substances, wastes, or material into tregulations controlling the cleanup of thes	he air, land, soil, surfa e substances, wastes,	ce water, ground or material.	dwater, or o	ther medium, including	g sta	tutes or			
	Site means any location, facility, or propert to own, operate, or utilize it, including disp		environmental i	aw, whethe	er you now own, operat	e, or	r utilize it or used			
	Hazardous material means anything an envi hazardous material, pollutant, contaminant		s as a hazardous	waste, haz	ardous substance, tox	ic su	ıbstance,			
Rep	ort all notices, releases, and proceedings th	at you know about, reç	gardless of when	they occu	red.					
24.	Has any governmental unit notified you that	t you may be liable or	potentially liable	under or ir	violation of an enviro	nmei	ntal law?			
	■ No □ Yes. Fill in the details.									
	Name of site  Address (Number Street City State and ZIP Code)	Governmental u	nit Street City State and		nmental law, if you		Date of notice			

ZIP Code)

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Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Case number (if known)

Document Debtor 1 Nancy G. Acosta

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	J	ocament rage of or or	
Fill in this infor	mation to identify your case:		
Debtor 1	Nancy G. Acosta		
	First Name Middle Nam	e Last Name	
Debtor 2 (Spouse if, filing)	First Name Middle Nam	e Last Name	
United States Ba	ankruptcy Court for the: NORTHERN [	DISTRICT OF ILLINOIS	
Case number (if known)			☐ Check if this is an amended filing
		lividuals Filing Under Chapte	e <b>r 7</b> 12/15
creditors have leasy you must file th	re claims secured by your property, or sed personal property and the lease ha is form with the court within 30 days a ever is earlier, unless the court extend		
	eople are filing together in a joint case nd date the form.	, both are equally responsible for supplying correct in	nformation. Both debtors must
	and accurate as possible. If more spaceour name and case number (if known)	ce is needed, attach a separate sheet to this form. On .	the top of any additional pages,
Part 1: List Y	our Creditors Who Have Secured Clair	ms	
		le D: Creditors Who Have Claims Secured by Property	y (Official Form 106D), fill in the
information b Identify the cr	elow. reditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's N	Nationwide Acceptance	<ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>	□ No
Description of property securing debt	Covest Bank/NAC	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes
Part 2: List V	our Unexpired Personal Property Leas	202	
For any unexpir in the information	ed personal property lease that you lis on below. Do not list real estate leases	ted in Schedule G: Executory Contracts and Unexpire.  Unexpired leases are leases that are still in effect; the if the trustee does not assume it. 11 U.S.C. § 365(p)(	ne lease period has not yet ended.
Describe your u	unexpired personal property leases		Will the lease be assumed?
Lessor's name:	Michael Moore		□ No
			■ Yes
Description of le Property:	ased Term of Lease: Monthly		

Official Form 108

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B8 (F	Form 8) (12/08)	Page 2
Pai	rt 3: Sign Below	
	der penalty of perjury, I declare that I have indicated perty that is subject to an unexpired lease.	d my intention about any property of my estate that secures a debt and any personal
X	/s/ Nancy G. Acosta	X
	Nancy G. Acosta	Signature of Debtor 2
	Signature of Debtor 1	
	Date January 11, 2016	Date

Official Form 108

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-00681 Doc 1 Filed 01/11/16 Entered 01/11/16 10:30:05 Desc Main Document Page 45 of 51

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

In re	Nancy G. Aco	osta		Case No.	
			Debtor(s)	Chapter	7
	DIS	SCLOSURE OF CO	MPENSATION OF ATTOR	NEY FOR DI	EBTOR(S)
	compensation paid t	to me within one year before	P. 2016(b), I certify that I am the attorne the filing of the petition in bankruptcy, on aplation of or in connection with the banks	or agreed to be paid	to me, for services rendered or to
					1,450.00
			eceived		500.00
	Balance Due			\$	950.00
2.	The source of the co	ompensation paid to me was:	;		
	■ Debtor	☐ Other (specify):			
3.	The source of compo	pensation to be paid to me is:			
	■ Debtor	☐ Other (specify):			
4.	■ I have not agree	ed to share the above-disclose	sed compensation with any other person un	nless they are mem	bers and associates of my law firm.
			compensation with a person or persons who f the names of the people sharing in the co		
5.	In return for the abo	ove-disclosed fee, I have agre	reed to render legal service for all aspects	of the bankruptcy of	case, including:
	<ul> <li>b. Preparation and a</li> <li>c. Representation o</li> <li>d. [Other provision Negotiation agreement</li> </ul>	filing of any petition, schedu of the debtor at the meeting on as as needed] ions with secured creditor	and rendering advice to the debtor in deter ules, statement of affairs and plan which n of creditors and confirmation hearing, and cors to reduce to market value; exen needed; preparation and filing of m I goods.	may be required; I any adjourned hea mption planning	arings thereof;
6.	Represen		closed fee does not include the following s any dischargeability actions, judici roceeding.		es (except in Chapter 13
			CERTIFICATION		
	I certify that the fore bankruptcy proceeding		ent of any agreement or arrangement for pa	ayment to me for re	epresentation of the debtor(s) in
J	January 11, 2016		/s/ David M. Siegel	I	
_	Date		David M. Siegel		
			Signature of Attorney David M. Siegel & A 790 Chaddick Drive Wheeling, IL 60090	Associates e	

(847) 520-8100 Name of law firm

### Chapter 7 Bankruptcy Retainer Agreement

This agreement acknowledges that the undersigned individual(s) [Client(s)] hereby retains and employs the Law Firm of DAVID M. SIEGEL & ASSOCIATES [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney as follows:

- a) A FLAT FEE as specified in paragraph H will be required to file a bankruptcy petition for the Client and for representation of the Client through discharge. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation shall begin upon execution of this agreement and tender of the initial payment, and will continue until the end of the case. The fee includes the preparation, review, and revision of the bankruptcy petition, communications with the Client, representation and appearance at the §341 Meeting of Creditors and §2004 examinations as necessary, communication with the bankruptcy and United States trustees, communication with creditors, review and completion of reaffirmation agreements, and court appearances.
- c) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter in to an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- d) Additional Fees:
  - A fee of \$250.00 shall be added in the event that Client misses the scheduled §341 Meeting of Creditors.
  - A fee of \$100.00 shall be added to amend Schedules D, E, and F to include creditors who were not originally provided by the Client. The Client has the full responsibility to ensure that all creditors are listed.
  - A fee of \$25.00 shall be added for any non-sufficient/returned checks. Post-dated checks are not accepted and will be voided upon receipt.
  - A fee of \$820.00 shall be added to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- e) The Client will be billed on any outstanding balance at the rate of \$100.00 every two weeks. Clients who fail to make payments as required will be assessed late fees in the amount of \$25.00 per billing period plus interest at the rate of 18% per year on any unpaid balance.
- f) No case shall be filed until all fees are paid in full.
- g) In the event that a Client pays the flat fee in full, and later elects to not proceed with the case, the Client is entitled to a refund of the court costs and filing fees only.

### **Important Bankruptcy Information**

### **Debts that are Discharged**

The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all, types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debts owed when the bankruptcy case was converted.)

#### Debts that are Not Discharged

Some of the common types of debts which are not discharged in a Chapter 7 bankruptcy case are:

- a) Debts for most taxes;
- b) Debts that are in the nature of alimony, maintenance, or support;
- c) Debts for student loans;
- d) Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- e) Debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated:
- f) Some debts that are not properly listed by the Client;
- g) Debts that the bankruptcy court specifically determines to be non-dischargeable;
- h) Debts for which the Client has given up the discharge protection by signing reaffirmation agreements in compliance with the Bankruptcy Code requirements for reaffirming debts.

H,	The FLAT FEE for	representation in this r	matter will be \$ 1450.
			its entirety, understands it fully, has had an sfied with it, and accepts it in its entirety.
Date:  //	12/2015	Signed:	Am Hada
- Cape		Print:	Rancy Acosta
			)
Date:	.  Askaziliferhaussandriller flask dissission FR Australia (Info Physical Cost) (Physical Cost	Signed:	
		Print:	
			,
Date: //	1/12/5	Signed: DIA	Alh

Attorney for David M. Siegel

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## **United States Bankruptcy Court** Northern District of Illinois

		_ , ,		
In re	Nancy G. Acosta		Case No.	
		Debtor(s)	Chapter <b>7</b>	
	VE	ERIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	24
	The above-named Debtor(s) (our) knowledge.	) hereby verifies that the list of credit	tors is true and correct to the	he best of my
Date:	January 11, 2016	/s/ Nancy G. Acosta		

A/R Concepts, Inc. 2320 Dean Street Suite 202 Saint Charles, IL 60175-1068

Abran Carlin North Chicago, IL

Anesthesia Assoc. of Crystal Lake 4309 Medical Center Dr. Suite A201 Mchenry, IL 60050

ARC 2915 Professional Parkway Augusta, GA 30907-3540

Armor Systems Corporation 1700 Kiefer Drive Suite 1 Zion, IL 60099

Arnold Scott Harris 111 W. Jackson, #600 Chicago, IL 60604

CCSI PO Box 10428 Merrillville, IN 46411

City of Chicago Dept. of Revenue PO Box 88292 Chicago, IL 60680

Comcast PO Box 3002 Southeastern, PA 19398-3002

Comcast
Bankruptcy Department
11621 E. Marginal Way 5
Tukwila, WA 98168-1965

Commonwealth Edison
Bankruptcy Department
2100 Swift Drive
Oak Brook, IL 60523-1559

Commonwealth Edison
Bankruptcy Department
3 Lincoln Center
Oak Brook Terrace, IL 60181-4204

Commonwealth Edison PO Box 6111 Carol Stream, IL 60197-6111

CTCA Midwestern 2520 Elisha Avenue Zion, IL 60099

CTCA Patient Accounts 1616 23rd St. Zion, IL 60099

Gastroenterology Internal ME 22285 N Pepper Rd Lake Barrington, IL 60010

Illinois Child Suppo Mail Drop: 509-4-42 509 S 6th St. Springfield, IL 62701

Lake County Investments LLC 17199 N. LAUREL PARK DRIVE Suite 402 Livonia, MI 48152-7905

McHenry Radilogists Imaging Associa PO Box 220 McHenry, IL 60051

Merchants & Medical Credit Corp. 6324 Taylor Dr. Flint, MI 48507

Nationwide Acceptance 3435 N. Cicero Ave Chicago, IL 60641

OAC PO Box 500 Baraboo, WI 53913-0500

Ramon Rico 444 Oakwood Ave. Waukegan, IL 60085

Rent Recover, LLC 220 Gerry Drive Wood Dale, IL 60191